Application or Docket Number

Effective October 1, 2000														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			45				R/	TE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			45 minus 20=		. 25		XS	9=	 	1	X\$18=	456		
INDEPENDENT CLAIMS			ス minus 3 =		· Ø		X40=		}	OR		7 30		
Μl	JLTIPLE DEPEN	NDENT CLAIM P					A4U=		 	OR	X80=	C		
							+135=		OR	+270=	nofe			
* If the difference in column 1 is less than zero, enter "0" in column 2							то	TAL		OR	TOTAL	1160		
CLAIMS AS AMENDED - PART II									- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		OTHER			
_	air saineil 1	(Column 1) CLAIMS		(Colur				ALL	ENTITY	OR 1 I	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***		=	X4	0=		OR	X80=			
`	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			_						
								5=		OR	+270=			
							ADDIT	FEE	<u></u> ,	OR	TOTAL ADDIT. FEE			
	K. A. V. S. V. VIII. VIIII. VIIII VI	(Column 1) CLAIMS	100 # S - 2 - 2 - 3	(Colur		(Column 3)	ļ			1 1				
MENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE		
	Total		Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***		=	X4	D=			X80=			
<u>.</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
							+13			OR	+270=			
							ADDIT.	FEE I		OR	TOTAL ADDIT. FEE			
_	CONTRACT LANGE OF THE PROPERTY OF THE	(Column 1)	St. 1. Merchania (18	(Colur		(Column 3)	1							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE		
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	ï		
	Independent	•	Minus	***		=	X4				X80=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 ^*			OR				
	f the entire t			* *	HOF '	h c	+13	5=		OR	+270≈			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE														
		mber Previously Pa ber Previously Pai						_	oropriate box					